MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-042124
STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. _____ Registrar's No. 61

FILED DEC 3 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10300
20300
3
4 0
5 1
6
7 1
8 2
94200
10
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1290-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Buffalo — Length of stay in 1b: 11½ yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: N.Maple St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dallas
c. CITY OR TOWN: Buffalo — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ray Middle: Austin Last: Piper

4. DATE OF DEATH Month: Nov. Day: 24 Year: 1962

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: May 11, 1894

9. AGE (last birthday): 68 — IF UNDER 1 YEAR: Months 6 Days 13 — IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY: Pharmacy

11. BIRTHPLACE (City and state or country): State of Oklahoma

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: I. G. Piper

13b. MOTHER'S MAIDEN NAME: Maude Alice Russell

14. NAME OF HUSBAND OR WIFE: Bessie Piper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servic ----

16. SOCIAL SECURITY NO.:

17. INFORMANT: Bessie Piper Address: Buffalo, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Thrombosis	immed.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteria-sclerotic heart disease	10 yrs
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957 to 24 Nov 62 and last saw her/him alive on 24 Nov 62

Death occurred at 1:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE O A Griffin (Degree or title) MD

22b. ADDRESS Buffalo Mo

22c. DATE SIGNED 26 Nov 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 29, 1962

23c. NAME OF CEMETERY OR CREMATORY: Mt. Muncie Cemetery

23d. LOCATION (City, town, or county) (State): Leavenworth, Kansas

24. FUNERAL DIRECTOR: Montgomery Funeral Home ADDRESS: Buffalo, Missouri

25. DATE RECD. BY LOCAL REG.: 12-1-1962

26. REGISTRAR'S SIGNATURE: Mrs Vera Pitts LR

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 1962

DEC 12 1962

DEC 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Vernon H. Viets
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.